

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton Davids

Signature of Treasurer

Electronically Filed by Carlton Davids

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	142721.36
(b) Cash on Hand at Beginning of Reporting Period	149642.23	
(c) Total Receipts (from Line 19)	38880.91	51746.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	188523.14	194467.98
7. Total Disbursements (from Line 31)	12894.50	18839.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	175628.64	175628.64
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28450.55	35700.55
(i) Itemized (use Schedule A)		
(ii) Unitemized	10160.00	14474.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	38610.55	50174.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	38610.55	50174.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	270.36	1571.74
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	38880.91	51746.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38880.91	51746.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	394.50	1339.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	394.50	1339.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	17500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12894.50	18839.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12894.50	18839.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	38610.55	50174.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38610.55	50174.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	394.50	1339.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	270.36	1571.74
38. Net Operating Expenditures (subtract Line 37 from Line 36)	124.14	-232.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Court

City

Buffalo Grove

State

IL

Zip Code

60015-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: 44fd94fac6ea051a58c7

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Richard A. Ansinelli, M.D., F.A.

Mailing Address 301 Turnberry Point

City

Barboursville

State

WV

Zip Code

41101-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cumberland Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: c73bb678e88836d20c0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

C. Noel Bairey Merz, M.D., F.A.

Mailing Address 16664 Cumbre Verde Court
444 S San Vicente Boulevard Suite

City

Pacific Palisades

State

CA

Zip Code

90048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedars-Sinai Medical Cent-
erWomen's Hea

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425n

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert N. Belasco, M.D., F.A.

Mailing Address 625 Radnor Valley Drive

City

Villanova

State

PA

Zip Code

19401-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery Med. Assoc. P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 459057548d4a7b0eddb

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jonathan J. Berry, M.D., F.A.

Mailing Address 1331 N Elm Street Suite 200

City

Greensboro

State

NC

Zip Code

27408-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Heart & Vasc-
ular Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 81c172c5580a5eaf6f9

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John R. Bertuso, M.D., F.A.

Mailing Address 2050 Meadowview Parkway

City

Kingsport

State

TN

Zip Code

37660-5829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 885ccabf5e5bc7431c7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert M. Califf, M.D., M.A.

Mailing Address 3917 Colorado Avenue

City

Durham

State

NC

Zip Code

27715-7969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Clinical Research In-
stitute, Duke

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 2f85b448c7b2a8bbe2c

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Breamar Drive

City

Fort Wayne

State

IN

Zip Code

46805-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: 4d0da8ca5903c527d69a

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Marc C. Cohen, M.D., F.A.

Mailing Address 1445 Huntingdon Road

City

Abington

State

PA

Zip Code

19001-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 3dbb16c1684a7cabb0c

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Court

City

Brentwood

State

TN

Zip Code

37203-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 423ae6c279be4720d6e

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Horace P. Dansby, III, M.D.,

Mailing Address 1435 Southeast 8th Terrace Suite

City

Cape Coral

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 7197939eecb9a1802c9

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Stanley P. Defehr, M.D., F.A.

Mailing Address 3140 Southeast Bison Road

City

Bartlesville

State

OK

Zip Code

74006-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Stem Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 3235f4e042ba4885a84

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory J. Dehmer, M.D., F.A.

Mailing Address 3214 River Place Drive

City

Belton

State

TX

Zip Code

76504-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White ClinicCardi-
ology Divisio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INTERVENTIONAL CARDIOLOGY

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 07dd2cbda5cea3c0e63

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John M. Dent, M.D., F.A.

Mailing Address 1260 Bayberry Court
PO Box 800662

City

Crozet

State

VA

Zip Code

22908-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia He-
alth SystemDe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 288896fd97727268c0f

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rodoljub Z. Dimitrijevic, M.D., F.A.

Mailing Address 3361 Chickering Lane

City

Bloomfield Hills

State

MI

Zip Code

48302-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: e86135b3cb596910cc8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William F. Dresen, M.D., F.A.

Mailing Address 55 Southeast 90th Street

City

Ocala

State

FL

Zip Code

34480-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 398b551d2eaaaaa0da3

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Raymond E. Dusman, Jr., M.D.,

Mailing Address 2109 Turnberry Lane

City

Fort Wayne

State

IN

Zip Code

46814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425u

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Blair D. Erb, Jr., M.D.,

Mailing Address 905 Highland Boulevard Suite 4330

City

Bozeman

State

MT

Zip Code

59715-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
Bozeman

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: a7118f58679fd707845

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory P. Fazio, M.D., F.A.

Mailing Address 500 Shady Dell Road

City

York

State

PA

Zip Code

17403-4426

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiac Diagnostics Assoc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: 65794bad52420b4425f

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

john gaca, M.D.

Mailing Address 2 Tricorner Circle

City

Northborough

State

MA

Zip Code

01532-1878

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: 3116cb6e1573a80dddb

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

William F. Graettinger, M.D., F.A.

Mailing Address 4754 Village Green Parkway
1000 Locust Street

City

Reno

State

NV

Zip Code

89502-2597

FEC ID number of contributing
federal political committee.**C**Name of Employer
University of Nevada Scho-
ol of Medicine

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	0	9

Transaction ID: bce632977a241906638

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joshua M. Hare, M.D., F.A.

Mailing Address 1120 Northwest 14 Street Suite 112

City State Zip Code
Miami FL 33136

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Miami

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425q

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael B. Honan, M.D., F.A.

Mailing Address 4329 Corinth Drive

City State Zip Code
Birmingham AL 35209-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer
CardioVascular Associates

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 423d5c9d8f20a8c03c5

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jay H. Jacobs, M.D., F.A.

Mailing Address 4222 East Brown Road Lot #26

City State Zip Code
Mesa AZ 85205-4057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-City Cardiology Consu-
ltants, P.C.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: ed5f156eb68590592e2

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Alan Jones, M.D., F.A.

Mailing Address 5330 E Stop 11 Road

City State Zip Code
 Indianapolis IN 46237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Heart Physicians

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425i

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Joseph Kelly, III, M.D.,

Mailing Address 1 Centurion Drive Suite 200

City State Zip Code
 Newark DE 19713

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABBY Medical Center

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425o

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard J. Kovacs, M.D., F.A.

Mailing Address 38 East 52nd Street
 1801 N Senate Boulevard

City State Zip Code
 Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kranert Institute of Car-
diology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 2 / 2 0 0 9

Transaction ID: 101e3d05ca38864c060

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Austin H. Kutscher, Jr., M.D.,

Mailing Address 21 N Main Street

City

Flemington

State

NJ

Zip Code

08822-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunterdon Cardiovascular
Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: d918f4fe49ee2d5ac7a

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Phillip L. Laney, M.D., F.A.

Mailing Address 5012 Littlebury Road

City

Huntsville

State

AL

Zip Code

35801-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Heart Center, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: fc1f2e23f399e91d6c3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David A. Law, M.D., F.A.

Mailing Address 306 Dux Landing

City

Cape Girardeau

State

MO

Zip Code

63703-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultants
of Cape Gira

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 15c13160f690ba32532

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gilbert A. Leidig, Jr., M.D.,

Mailing Address 1 Centurian Drive Suite 200

City

Newark

State

DE

Zip Code

19713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Physicians, P.-
A. Abby Medica

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425s

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jack Lewin, M.D., C.E.

Mailing Address 1922 Calvert St NW

City

Washington

State

DC

Zip Code

20009-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardi-
ology

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: e29ddec61f24eeab125

Amount of Each Receipt this Period

1001.00

C.

Full Name (Last, First, Middle Initial)

William R. Lewis, M.D., F.A.

Mailing Address 24707 Tricia Drive

City

Westlake

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Health Medical Cent-
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 30dd0d495cf39955bdd

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1751.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Liguori, M.D., F.A.

Mailing Address Arizona Heart Institute
803 N Salk Dr. Building A

City State Zip Code
Casa Grande AZ 85222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 7a938bfa448004d37c0

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter E. Linz, M.D., F.A.

Mailing Address 777 Jacqueline Court

City State Zip Code
Encinitas CA 92024-6657

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Navy

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: aa541bf5e491d6b1063

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gerard R. Martin, M.D., F.A.

Mailing Address 202 Primrose Street

City State Zip Code
Chevy Chase MD 20010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Heart, Lung &
Kidney Diseases

Occupation
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425k

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vuyisile Tlhopane Nkomo, M.D., F.A.

Mailing Address 3012 Thaddeus Road Southwest
200 First Street Southwest

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 44e3e27e4f5bdc36f13

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Umesh A. Patel, M.D., F.A.

Mailing Address 64040 Highway 434 Suite 200

City State Zip Code
Lacombe LA 70445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart & Vacular Clinic

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: 65794bad52420b4425j

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Scott J. Ratner, M.D., F.A.

Mailing Address 407 Franklin Avenue

City State Zip Code
Franklin Square NY 11010-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: c5fcd5a3ec36b65ba6c

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard S. Rosman, M.D., F.A.

Mailing Address 22151 Moross #126

City

Detroit

State

MI

Zip Code

48236-2165

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. John Hospital & Medic-
al Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: e2e0d1bc54a900e1d81

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

M. Eugene Sherman, M.D., F.A.

Mailing Address 5110 South Hanover Way

City

Englewood

State

CO

Zip Code

80011-6742

FEC ID number of contributing
federal political committee.**C**Name of Employer
Aurora Medical Associates,
PC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: 2aff68058da59b264f2

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Saeed A. Siddiqui, M.B.B.S.,

Mailing Address 290 Foxhunt Crescent
108 Merrick Road Suite 207

City

Oyster Bay Cove

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: 65794bad52420b4425r

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chittur A. Sivaram, M.B.B.S.,

Mailing Address 1616 Boomer Trail North
PO Box 26901

City State Zip Code
Edmond OK 73190-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma &
DVA Medical C

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: 56c69b5a9197dfb4500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

George Peter Stacy, Jr., M.D.,

Mailing Address 7403 Cedar Bluff Court

City State Zip Code
Prospect KY 40059-9496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 1dadada4b15cb9892cb

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert N. Vincent, M.D., C.M.

Mailing Address 2835 Brandywine Road
Suite 300

City State Zip Code
Atlanta GA 30341-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: 0553dc02792e77756b7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Thomas Health Servi-
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	0	9

Transaction ID: 52c9b8d2ca113bd7d58

Amount of Each Receipt this Period

454.55

B.

Full Name (Last, First, Middle Initial)

Mary N. Walsh, M.D., F.A.

Mailing Address 428 West 83rd Place

City

Indianapolis

State

IN

Zip Code

46260-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	9

Transaction ID: 47ad9e9566a846b65274

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

554.55

TOTAL This Period (last page this line number only)

28450.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 24

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1571.74

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: a0aace9dd6eb3804130

Amount of Each Receipt this Period

270.36

Reimburse for Jan. Amex
and Feb. Merchant Fees

SUBTOTAL of Receipts This Page (optional)

270.36

TOTAL This Period (last page this line number only)

270.36

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: V6fe0506c55cd0375b26 Date of Disbursement <div> <div>02</div> <div>28</div> <div>2009</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement February Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>162.86</div>
B. Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741 Purpose of Disbursement February Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Vdf5e45954d5f1ff2fcc Date of Disbursement <div> <div>02</div> <div>10</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5.06</div>
C. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement February Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M67c2cdb195296b21a79 Date of Disbursement <div> <div>02</div> <div>03</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>226.58</div>

SUBTOTAL of Disbursements This Page (optional) ►

394.50

TOTAL This Period (last page this line number only) ►

394.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Shelby for U S Senate Mailing Address Post Office Box 1091	Transaction ID: d3b4e4d2f54a06fef43 Date of Disbursement <div> <div>02</div> <div>20</div> <div>2009</div> </div>
City Tuscaloosa State AL Zip Code 35403 Purpose of Disbursement 2010 Primary Candidate Name Richard C. Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Amount of Each Disbursement this Period <div>2500.00</div>
B. Full Name (Last, First, Middle Initial) Van Hollen for Congress Mailing Address 10537 St. Paul Street City Kensington State MD Zip Code 20895 Purpose of Disbursement 2010 Primary Candidate Name Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08	Transaction ID: 208623f31495a47ec6e Date of Disbursement <div> <div>02</div> <div>20</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Victory Now PAC Mailing Address 10605 Concord Street-Ste. 202 City Kensington State MD Zip Code 20895 Purpose of Disbursement 2009 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 216b486668cabae6796 Date of Disbursement <div> <div>02</div> <div>20</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
SUBTOTAL of Disbursements This Page (optional)	<div>12500.00</div>
TOTAL This Period (last page this line number only)	<div>12500.00</div>